

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 732694-055670														
In re Application of Fukunaga et al.		Confirmation No. 4338														
Application Number 10/509,839		Filed September 30, 2004														
For DENTAL VISCOUS PHARMACEUTICAL CONTAINING BASIC FIBROBLAST GROWTH FACTOR																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows</p> <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 0;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right; padding: 2px 0;">\$ _____</td> </tr> <tr> <td style="padding: 2px 0;"><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td style="text-align: right; padding: 2px 0;">\$ <u>450.00</u></td> </tr> <tr> <td style="padding: 2px 0;"><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)</td> <td style="text-align: right; padding: 2px 0;">\$ _____</td> </tr> <tr> <td style="padding: 2px 0;"><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)</td> <td style="text-align: right; padding: 2px 0;">\$ _____</td> </tr> <tr> <td style="padding: 2px 0;"><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)</td> <td style="text-align: right; padding: 2px 0;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="padding-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="padding-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 50%; padding: 5px 0;"> <u>/Ronald I. Eisenstein/</u> <div style="text-align: center;">Signature</div> </td> <td style="width: 50%; padding: 5px 0;"> <u>October 10, 2007</u> <div style="text-align: center;">Date</div> </td> </tr> <tr> <td style="padding: 5px 0;"> <u>Ronald I. Eisenstein (Reg. No. 30,628)</u> <div style="text-align: center;">Typed or printed name</div> </td> <td style="padding: 5px 0;"> <u>617-345-6054</u> <div style="text-align: center;">Telephone Number</div> </td> </tr> </table>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$ <u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$ _____	<u>/Ronald I. Eisenstein/</u> <div style="text-align: center;">Signature</div>	<u>October 10, 2007</u> <div style="text-align: center;">Date</div>	<u>Ronald I. Eisenstein (Reg. No. 30,628)</u> <div style="text-align: center;">Typed or printed name</div>	<u>617-345-6054</u> <div style="text-align: center;">Telephone Number</div>
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<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>																